

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number (if known) _____ Chapter 7

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC</u>		
2. All other names debtor used in the last 8 years	Include any assumed names, trade names and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	<u>66-0631442</u>		
4. Debtor's address	Principal place of business <u>GENERAL VALERO 265</u> Fajardo, PR 00738 Number, Street, City, State & ZIP Code <u>Fajardo</u> County	Mailing address, if different from principal place of business <u>CONDOMINIO PENA MAR</u> APARTAMENTO 1103 CARR 987 Fajardo, PR 00738 P.O. Box, Number, Street, City, State & ZIP Code	Location of principal assets, if different from principal place of business <u>GENRAL VALERO 265 Fajardo, PR 00738</u> Number, Street, City, State & ZIP Code
5. Debtor's website (URL)			
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

Debtor

PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

Case number (if known) _____

Name

7. Describe debtor's business

A. Check one:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply

Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

Chapter 7
 Chapter 9
 Chapter 11. Check all that apply:

The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

 Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

No.
 Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

No
 Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____
District _____ When _____ Case number, if known _____

Debtor

PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? No Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention? (Check all that apply.)**

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds**

Check one:

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

1-49
 50-99
 100-199
 200-999

1,000-5,000
 5001-10,000
 10,001-25,000

25,001-50,000
 50,001-100,000
 More than 100,000

15. Estimated Assets

\$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

16. Estimated Liabilities

\$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

Debtor

PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 21, 2023
MM / DD / YYYY

X /s/ IRIS J VALENTIN NIEVES
Signature of authorized representative of debtor

IRIS J VALENTIN NIEVES
Printed name

Title PRESIDENT

18. Signature of attorney

X /s/ FRANCISCO J RAMOS GONZALEZ
Signature of attorney for debtor

Date November 21, 2023
MM / DD / YYYY

FRANCISCO J RAMOS GONZALEZ 203611
Printed name

FRANCISCO J RAMOS AND ASOCIADOS
Firm name

PO BOX 191993
SAN JUAN, PR 00919
Number, Street, City, State & ZIP Code

Contact phone (787) 764-5134 Email address fjramos@coqui.net

203611 PR
Bar number and State

Fill in this information to identify the case:

Debtor name PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
 Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
 Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
 Schedule H: Codebtors (Official Form 206H)
 Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
 Amended Schedule
 Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
 Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 21, 2023

X /s/ IRIS J VALENTIN NIEVES

Signature of individual signing on behalf of debtor

IRIS J VALENTIN NIEVES

Printed name

PRESIDENT

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. Total personal property:

Copy line 91A from *Schedule A/B*..... \$ 71,196.80

1c. Total of all property:

Copy line 92 from *Schedule A/B*..... \$ 71,196.80

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 0.00

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 105,554.60

4. Total liabilities

Lines 2 + 3a + 3b

\$ 105,554.60

Fill in this information to identify the case:

Debtor name PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number (if known) _____

 Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?** No. Go to Part 2. Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. BANCO POPULAR DE PRChecking7292\$0.00**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?** No. Go to Part 3. Yes Fill in the information below.**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. Rent deposit\$800.00**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$800.00**Part 3: Accounts receivable**

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 1

Debtor PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC
NameCase number (*If known*) _____**10. Does the debtor have any accounts receivable?**

No. Go to Part 4.
 Yes Fill in the information below.

11. Accounts receivable

11b. Over 90 days old:	<u>27,284.10</u>	-	<u>0.00</u> =....	<u>\$27,284.10</u>
	face amount		doubtful or uncollectible accounts	

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$27,284.10**Part 4: Investments****13. Does the debtor own any investments?**

No. Go to Part 5.
 Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

No. Go to Part 6.
 Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

No. Go to Part 8.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. Office furniture <u>SEE ATTACHED LIST</u>	<u>\$5,930.00</u>	<u>N/A</u>	<u>\$5,930.00</u>
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MERCHANDISE FOR SALE-SEE ATTACHED LIST	<u>\$37,182.70</u>	<u>Liquidation</u>	<u>\$37,182.70</u>
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40. Office fixtures**41. Office equipment, including all computer equipment and communication systems equipment and software****42. Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles**43. Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$43,112.70

Debtor PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC _____ Case number (*If known*) _____
Name _____

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

No
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

No
 Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

No. Go to Part 9.
 Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

No. Go to Part 10.
 Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.
 Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes Fill in the information below.

Debtor PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC _____ Case number (*if known*) _____
 Name _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$800.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$27,284.10	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$43,112.70	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.</i>>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$71,196.80	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$71,196.80

PREMIUM MEDICAL SUPPLY AND EQUIPMENT, INC
EQUIPO DE OFICINA

CANTIDAD	ARTICULO	VALOR ESTIMADO POR ARTICULO	VALOR
2	CORTINAS ROTULADAS	\$ 600.00	\$ 1,200.00
2	CUBICULOS CON ESCRITORIO		
	HUTCH Y 4 SILLAS	\$ 400.00	\$ 800.00
1	ARCHIVO DOS GAVETAS	\$ 30.00	\$ 30.00
1	ESTATENTE 4 TABLILLAS	\$ 20.00	\$ 20.00
	MISCELANEAS DE OFICINA COMERCIAL	\$ 200.00	\$ 200.00
1	ESTATENTE PARA DISPLAY		
	PIEZAS PARA BASTON	\$ 30.00	\$ 30.00
1	TABLERO PERFORADO		
	DISPLAY DE MERCANCIA	\$ 20.00	\$ 20.00
1	ESTATENTE DE 5 TABLILLAS	\$ 50.00	\$ 50.00
1	ESTATENTE DE 6 TABLILLAS	\$ 75.00	\$ 75.00
1	HUTCH DE MADERA	\$ 95.00	\$ 95.00
1	ESCRITORIO EJECUTIVO CON SILLA	\$ 75.00	\$ 75.00
2	SILLAS DE OFICINA	\$ 40.00	\$ 80.00
1	ESTATENTE DE DOS TABLILLAS	\$ 30.00	\$ 30.00
	MISCELANEOS DE ESCRITORIOS	\$ 45.00	\$ 45.00
5	GONDOLAS PARA DISPLAY EN SHOWROOM	\$ 100.00	\$ 500.00
1	ESCRITORIO RECEPCION	\$ 50.00	\$ 50.00
1	MESA AUXILIAR RECEPCION	\$ 20.00	\$ 20.00
2	SILLAS PARA PUBLICO	\$ 30.00	\$ 60.00
1	TABLERO PERFORADO PEQUENO	\$ 30.00	\$ 30.00
1	ARCHIVO 4 GAVETAS VERTICAL	\$ 100.00	\$ 100.00
2	ARCHIVO 4 GAVETAS HORIZONTAL	\$ 200.00	\$ 400.00
2	ARCHIVO 6 GAVETS HORIZONTAL	\$ 300.00	\$ 600.00
1	ARCHIVO GIRATORIO GRANDE	\$ 350.00	\$ 350.00
2	ESTATENTES DE METAL	\$ 100.00	\$ 200.00
1	ARCHIVO VERTICAL 6 GAVETAS	\$ 100.00	\$ 100.00
4	ESTATENTES DE METAL	\$ 100.00	\$ 400.00
1	ESTATENTE DE MADERA	\$ 20.00	\$ 20.00
1	ESCALERA EN METAL	\$ 20.00	\$ 20.00
	ESTANTERIAS PARA CAMAS Y SILLAS	\$ 100.00	\$ 100.00
1	HAND CART 4 RUEDAS	\$ 200.00	\$ 200.00
1	CARRITO DE PLATA	\$ 30.00	\$ 30.00
		\$ 3,560.00	\$ 5,930.00

ARTICULO	CANTIDAD	VALOR ESTIMADO POR ARTICULO	VALOR
PUNTAS BASTON 7/8	11	\$ 7.95	\$ 87.45
PUNTAS BASTON 3/4	4	\$ 7.95	\$ 31.80
PUNTAS BASTON 5/8	34	\$ 5.95	\$ 202.30
PUNTAS DE BASTON	4	\$ 6.95	\$ 27.80
HERNIA BRIEFS	2	\$ 50.00	\$ 100.00
RODILLERA PEQUENA	1	\$ 60.00	\$ 60.00
RODILLERA LARGE	2	\$ 120.00	\$ 240.00
RODILLERA 2X-3X	2	\$ 60.00	\$ 120.00
MEDIAS TERAPIA POST OPERATORIA	2	\$ 60.00	\$ 120.00
MEDIAS TERAPIA MEDIANAS	3	\$ 60.00	\$ 180.00
APOYO PARA HERNIA	2	\$ 53.99	\$ 107.98
CINTURON PARA HERNIA MEDIANA	2	\$ 39.95	\$ 79.90
CINTRON PARA HERNIA LARGE	2	\$ 39.95	\$ 79.90
MEDIAS COMPRESION 13-18 MM	10	\$ 24.95	\$ 249.50
MEDIAS COMPRESION 20-30M	25	\$ 25.95	\$ 648.75
TALONERAS PIEL DE OVEJA	1	\$ 25.00	\$ 25.00
GUANTES SGUARIS(DONNING GLOVES)	20	\$ 9.95	\$ 199.00
LIFE FOR LEGS	3	\$ 10.00	\$ 30.00
MANGA PARA LINFODEMA 30-40MM	2	\$ 80.00	\$ 160.00
TENNIS ELBOW 12"-14"	1	\$ 10.00	\$ 10.00
CARPAL TUNNEL SUPPORT(M-120, L-20,S-20)	160	\$ 19.84	\$ 3,174.40
PLANTILLA SOFT POINT SMALL	35	\$ 34.95	\$ 1,223.25
MEDIAS COMPRESION			
X LARGE 20-30 MM HG	1	\$ 60.00	\$ 60.00
MEDIUM 20-30 MM HG	2	\$ 60.00	\$ 120.00
XLARGE 15-20 MM HG	1	\$ 60.00	\$ 60.00
WAIST PANTI HOSE	4	\$ 70.00	\$ 280.00
WAIST PANTI HOSE	2	\$ 74.95	\$ 149.90
ELBOW SUPPORT			\$ -
LARGE	1	\$ 9.10	\$ 9.10
MEDIUM 20-30 MM HG	1	\$ 9.10	\$ 9.10
SIZEFITS ALL	1	\$ 7.50	\$ 7.50
MUNEQUERA (X-LARGE, SMALL)	9	\$ 8.95	\$ 80.55
INDUSTRIAL BACK SUPPORT SMALL	1	\$ 40.00	\$ 40.00
TOE HOLD SPLINTS	6	\$ 7.95	\$ 47.70
ANTI LICE ELECTRONIC COMB	2	\$ 24.95	\$ 49.90
PULL ON ELBOW SUPPORT	1	\$ 30.00	\$ 30.00
SEALED ICE FOR LOWER LEG	2	\$ 12.99	\$ 25.98
EXTENDED THUMB ADUCTOR WRIST	1	\$ 29.95	\$ 29.95
FAJAS ABDOMINALES			
MEDIUM/LARGE	4	\$ 34.95	\$ 139.80
MEDIUM CRISS-CROSS BINDER	1	\$ 34.95	\$ 34.95
UNIVERSAL-CRISS-CROSS BINDER	1	\$ 35.00	\$ 35.00
MUNEQUERAS REG	6	\$ 16.95	\$ 101.70

DEDO PULGAR	2	\$ 35.00	\$ 70.00
CABESTRILLOS			
MEDIUM	4	\$ 15.00	\$ 60.00
LARGE	3	\$ 12.95	\$ 38.85
DE LUXE	1	\$ 30.00	\$ 30.00
INMobilIZADOR DE HOMBROS			\$ -
X-LARGE	1	\$ 14.95	\$ 14.95
LARGE	1	\$ 14.95	\$ 14.95
TOBILLERAS			
LARGE	1	\$ 30.00	\$ 30.00
MEDIUM	1	\$ 30.00	\$ 30.00
CUELLERAS	1	\$ 60.00	\$ 60.00
CUELLERA	1	\$ 30.00	\$ 30.00
LSO BODY JACKET W/APL CONTROL	1	\$ 85.00	\$ 85.00
INMobilIZADORA RODILLAS	1	\$ 55.00	\$ 55.00
CLAVICLE SPLINT			
XXS	4	\$ 25.00	\$ 100.00
XS	3	\$ 25.00	\$ 75.00
UNIVERSAL	2	\$ 30.00	\$ 60.00
FAJAS SACRO	6	\$ 40.00	\$ 240.00
RODILLERAS	4	\$ 49.95	\$ 199.80
MASCARILLAS			\$ -
NINO	8	\$ 5.00	\$ 40.00
N95	60	\$ 3.50	\$ 210.00
TELA	100	\$ 1.00	\$ 100.00
CAJAS GUANTES VINYL			
150 CAJA	2	\$ 15.00	\$ 30.00
1 CAJA	1	\$ 10.00	\$ 10.00
CAJAS ALCOHOLITOS	4	\$ 3.95	\$ 15.80
MONITOR PRESION DIGITAL	1	\$ 45.00	\$ 45.00
TREMOMETROS PARLANTES DE STAND	3	\$ 120.00	\$ 360.00
HAND SANITAZER	3	\$ 120.00	\$ 360.00
MEDIAS ANTIEMBOLICAS			
XXL	6	\$ 20.00	\$ 120.00
XLARGE 15-20 MM HG	9	\$ 20.00	\$ 180.00
MEDIAS SHEER SUPPORT PANTY HOSE	2	\$ 25.00	\$ 50.00
SILICONE FOLLEY BALLOON CATHETER			\$ -
#14 FRECH	1	\$ 80.00	\$ 80.00
#14 FR	3	\$ 29.50	\$ 88.50
#20	3	\$ 29.50	\$ 88.50
#24	1	\$ 29.50	\$ 29.50
FRENCH (14,12,16,18,22,24,28)	11	\$ 29.50	\$ 324.50
MASCARA KN-95	7	\$ 15.00	\$ 105.00
MASCARA NINOS	17	\$ 5.00	\$ 85.00
MIST SPRAYER(USB CHARGING)	9	\$ 25.00	\$ 225.00
JERINGUILAS DE INSULINA	2	\$ 15.95	\$ 31.90
CATHETERS ROBINSON(18,16,14)	4	\$ 100.00	\$ 400.00

DRYHEART HEATING PAD	2	\$	25.00	\$ 50.00
DUAL MOIST HEATING PAD	1	\$	39.95	\$ 39.95
PROTECTOR YESOS Y VENDAJES	10	\$	10.00	\$ 100.00
ELECTRODOS DE TENS	2	\$	10.95	\$ 21.90
ALAMBRES DE TENS	6	\$	10.95	\$ 65.70
ORTOTICO PARA APOYO FRACTURA HUMERO	1	\$	50.00	\$ 50.00
ZAPATOS PORT OPERATORIOS	11	\$	25.00	\$ 275.00
TALONERAS SINTETICAS	5	\$	12.95	\$ 64.75
OVERDOOR TRACTION SET	2	\$	60.00	\$ 120.00
SEAT ASSIST	3	\$	80.00	\$ 240.00
RODILLERA LIGAFLEY	4	\$	49.95	\$ 199.80
CHALECOS RESTRINSORES				
SMALL	9	\$	25.00	\$ 225.00
MEDIUM	1	\$	25.00	\$ 25.00
LARGE	3	\$	25.00	\$ 75.00
SHOULDER ABDUCTION	1	\$	79.95	\$ 79.95
MEDIDOR DE PIE MADERA	1	\$	20.00	\$ 20.00
MEDIDOR DE PIE METAL	1	\$	40.00	\$ 40.00
SOLOSTRE WOUND GEL	3	\$	16.95	\$ 50.85
VENDAJE STAY TEX	2	\$	31.95	\$ 63.90
VENDAJE STAY TEX PEQUENO	2	\$	21.95	\$ 43.90
ANA SEP GEL	2	\$	35.95	\$ 71.90
AQUA GEL EXTRA	1	\$	80.00	\$ 80.00
ALGINATO PLATA Y CALCIO	1	\$	135.00	\$ 135.00
XEROFORM	1	\$	19.95	\$ 19.95
COUA WOUND ALGINATE	1	\$	24.95	\$ 24.95
HYDROGEL	6	\$	3.95	\$ 23.70
OXIMETROS DE PULSO	1	\$	25.00	\$ 25.00
GAZAS 2 X2	31	\$	2.95	\$ 91.45
ROLLOS DE VENDAJE	6	\$	9.95	\$ 59.70
PROVIDONE IODINE	2	\$	9.95	\$ 19.90
ROLLOS DE VENDAJE	6	\$	9.95	\$ 59.70
PROVIDONE IODINE	2	\$	10.95	\$ 21.90
LEMON GLYCERIN-CAJA	1	\$	8.95	\$ 8.95
GAZAS ABDOMINALES 71/2 X 8"-CAJA	1	\$	10.95	\$ 10.95
GAZAS ABDOMINALES 8" X 10"-CAJA	1	\$	12.95	\$ 12.95
SHAMPOO NAD CONDITIONEL	6	\$	9.95	\$ 59.70
PERSONAL CLEANSER	4	\$	14.95	\$ 59.80
ACTICOAT-CAJA	1	\$	180.00	\$ 180.00
PEDIATRIC STHETOSCOPE	2	\$	15.00	\$ 30.00
DUAL HEAD STHETOSCOPE	1	\$	12.50	\$ 12.50
AGUA GEL PLATA-CAJA	1	\$	180.00	\$ 180.00
VENDAJE DUODERN-CAJA	2	\$	60.00	\$ 120.00
COUVANOUND ALGINATO DE PLATA-CAJA	2	\$	135.00	\$ 270.00
COVAVIEW 4 X4-CAJA	1	\$	60.00	\$ 60.00
COVAVIEW 2.4"X 2.8-CAJA	2	\$	35.00	\$ 70.00
ALGINATO CALCIO EN SOGA-CAJA	1	\$	40.00	\$ 40.00

TAPE MICROPORE 1"-CAJA	3	\$	20.00	\$ 60.00
TAPE MICROPE 3"-CAJA	6	\$	20.00	\$ 120.00
TAPE TRANSPORE 2"-CAJA	8	\$	20.00	\$ 160.00
TAPE DURAPORE 3"-CAJA	9	\$	20.00	\$ 180.00
QTIPS-CAJA	1	\$	15.00	\$ 15.00
FIX TAPS GETEEL 2"-CAJA	1	\$	12.95	\$ 12.95
HYPAFIX TAPE 4"-CAJAS	9	\$	25.00	\$ 225.00
CONDOM FOLLES 25 MM-CAJA	5	\$	60.00	\$ 300.00
CONDOM FOLLEYS 32MM-CAJA	4	\$	60.00	\$ 240.00
CONDOM FOLLEYS 36MM-CAJA	9	\$	60.00	\$ 540.00
DEN LIGHTS	5	\$	8.95	\$ 44.75
TEAL-TUBE	3	\$	6.50	\$ 19.50
RELOJ DE ESFIGMO MANOMETRO	2	\$	19.50	\$ 39.00
BLANDER-ADULT	4	\$	25.00	\$ 100.00
EAR PLUGS	3	\$	10.00	\$ 30.00
BINDURAL ASSEMBLY FOR SPHYGMO MONOM.	1	\$	15.00	\$ 15.00
SCISSORS	5	\$	9.95	\$ 49.75
MANGAS C-PAP	2	\$	15.00	\$ 30.00
PROTRACTORS	3	\$	5.50	\$ 16.50
CANULAS NASALES	16	\$	4.95	\$ 79.20
ID HANGERS	2	\$	5.95	\$ 11.90
MASCARILLAS NEBULIZADOR ADULTO	27	\$	5.95	\$ 160.65
GRADUATION CANDLES	3	\$	10.00	\$ 30.00
MASCARILLAS TERAPIAS	34	\$	5.95	\$ 202.30
MACARILLAS DE TERAPIA PEDIATRICA	13	\$	5.95	\$ 77.35
KIT DE NEBULIZADOR	20	\$	5.95	\$ 119.00
KIT REMOCION SUTURA	5	\$	2.95	\$ 14.75
WASH CLOTHS EMERALD	4	\$	6.95	\$ 27.80
STRAP TOURNIQUET 1"X18""	100	\$	0.25	\$ 25.00
NATURAL WEAR BRASSIERE CAMP	1	\$	39.95	\$ 39.95
NATURAL WEAR BRASSIERE CAMP -CORTO BLANCO	1	\$	36.95	\$ 36.95
DISPOSABLE WASH CLOTHS	10	\$	3.00	\$ 30.00
ORTHO WEDGE -BOTAS CONTOUR WALKER	1	\$	40.00	\$ 40.00
TALL CAMP BOOT	1	\$	90.00	\$ 90.00
STRIDE LITE FLEX BLACK MALE SIZE 13	1	\$	35.95	\$ 35.95
BARANDA CAMA	1	\$	120.00	\$ 120.00
HEMI WALKER ANDADOR	2	\$	50.00	\$ 100.00
ANDADOR REG CON RUEDAS	1	\$	80.00	\$ 80.00
RUEDAS PARA ANDADOR	6	\$	20.00	\$ 120.00
ANDADOR SIN RUEDAS	1	\$	60.00	\$ 60.00
KIT HOSPITAL REGULAR	11	\$	12.95	\$ 142.45
BASTONES 1 PUNTO	4	\$	20.00	\$ 80.00
URINALES DAMA	7	\$	8.95	\$ 62.65
PROTECTOR DE YESO	2	\$	24.95	\$ 49.90
BARRA DE BANO(16, 18, 24)	9	\$	-	\$ 229.00
SET BLANCO SCRUB XXL-3XL	1	\$	40.95	\$ 40.95
BATAS DESECHABLES DE LABORATORIO	3	\$	25.00	\$ 75.00

ISOLATION GOWN	263	\$ 1.00	\$ 263.00
SCRUBS CAMISAS DESECHABLES	15	\$ 3.95	\$ 59.25
GORRITOS DESECHABLES	3	\$ 3.95	\$ 11.85
SHOES COVERS -PAQUETES	100	\$ 15.00	\$ 1,500.00
BATAS DE TELA	10	\$ 26.00	\$ 260.00
SET PANTALON Y CAMISA NEGRO	1	\$ 59.95	\$ 59.95
SCOOTER UNIFORM	4	\$ 16.00	\$ 64.00
82300 CLOSED POUCH-CAJAS	2	\$ 95.00	\$ 190.00
PEGAS CLOSED POUCH-CAJAS	2	\$ 20.00	\$ 40.00
SKIN PROTECTIVE WIPES-CAJAS	2	\$ 19.95	\$ 39.90
ADHESIVE REMOVER WIPES	1	\$ 19.95	\$ 19.95
STOMA POWDER	3	\$ 10.00	\$ 30.00
8812 DRAIN A B/E POUCH-CAJAS	3	\$ 60.00	\$ 180.00
8343 CLOSED POUCH CAJAS	3	\$ 75.00	\$ 225.00
9785 SUCTION TUBE CAJAS	1	\$ 80.00	\$ 80.00
3738 SKIN BARRIER	1	\$ 36.00	\$ 36.00
8770 POUCH/CLAMP-CAJA	1	\$ 45.00	\$ 45.00
401576 WAFER-GALLETA	1	\$ 36.00	\$ 36.00
401576WAFER-CAJA	1	\$ 36.00	\$ 36.00
125266WAFER-CAJA	1	\$ 36.00	\$ 36.00
125262WAFER -CAJA	4	\$ 36.00	\$ 144.00
12384 PIECE POUCHES-CAJA	4	\$ 60.00	\$ 240.00
3722 WAFER-CAJA	1	\$ 7.00	\$ 7.00
3817 DRAINABLE POUCH-CAJA	1	\$ 30.00	\$ 30.00
4104 DRAINABLE POUCH	1	\$ 30.00	\$ 30.00
401525CLOSED END POUCH-CAJA	3	\$ 30.00	\$ 90.00
125264 WAFER	2	\$ 36.00	\$ 72.00
401535 UROSTOMY POUCH-CAJA	1	\$ 40.00	\$ 40.00
401502 DRAINABLE POUCH-CAJA	2	\$ 60.00	\$ 120.00
15984 EASI CLOSE POUCHES-CAJA	1	\$ 60.00	\$ 60.00
41388 WAFER -CAJA	1	\$ 40.00	\$ 40.00
PAPEL CAMILLA 21"-CAJA	4.5	\$ 60.00	\$ 270.00
PAPEL CAMILLA 18"-CAJA	1	\$ 60.00	\$ 60.00
PANALES DE CAMA	6	\$ 10.00	\$ 60.00
GAZAS ABDOMINALES MASTER -CAJA	1	\$ 80.00	\$ 80.00
FACE SHIELDS	1	\$ 60.00	\$ 60.00
CONCENTRADOR OXIGENO ELECTRICO	1	\$ 495.00	\$ 495.00
CONCENTRADOR OXIGENO ELECTRICO-EVERFLOW	2	\$ 595.00	\$ 1,190.00
BOTELLAS ASPERJADORAS	100	\$ 2.50	\$ 250.00
GUANTES NITRILO-CAJA	1	\$ 140.00	\$ 140.00
GUANTES NITRILOS LARGE -SMALL	8	\$ 12.00	\$ 96.00
MAQUINA DE SUCCIDAS	2	\$ 100.00	\$ 200.00
IV POLE	1	\$ 40.00	\$ 40.00
ANQUES OXIGENO VACIOS	3	\$ 40.00	\$ 120.00
PORTA TANQUES DE OXIGENO	1	\$ 50.00	\$ 50.00
BOLSAS PARA CARGAR O2 PEQUENO	1	\$ 35.00	\$ 35.00
CARRITOS DE OXIGENO	4	\$ 30.00	\$ 120.00

BOLDAS ALIMENTACION -CAJAS	30	\$ 90.00	\$ 2,700.00
BANDEJAS CATERIZACION	2	\$ 180.00	\$ 360.00
SONDA SUCCION 16FR CAJA	100	\$ 90.00	\$ 9,000.00
SONDA SUCCION 10FR CAJA	60	\$ 1.00	\$ 60.00
SONDA SUCCION 14 FR CAJA	30	\$ 1.00	\$ 30.00
TUBERIA SUCCION	25	\$ 5.00	\$ 125.00
SONDA GASTRICA TIPO LEVIN	25	\$ 3.25	\$ 81.25
MAQUINAS APNER SUENO	2	\$ 5.95	\$ 11.90
HUMIFICADORES	30	\$ 5.95	\$ 178.50
CAMAS USADAS DE POSICION	2	\$ 495.00	\$ 990.00
MATRESS FOAM USADOS	3	\$ 20.00	\$ 60.00
MOTORES CAMA	7	\$ 90.00	\$ 630.00
SILLAS DE RUEDA INSERVIBLES	10	\$ -	\$ -
CAMAS OBSOLETAS	10	\$ -	\$ -
BATERIAS 12V 15 AH	2	\$ 40.00	\$ 80.00
BASE TERMOMETRO DISPENSADOR ALCOHOL	4	\$ 20.00	\$ 80.00
LARGE BOOT ORTHOSIS	1	\$ 50.00	\$ 50.00
RODILLERA CAMP	5	\$ 80.00	\$ 400.00
ELBOW CORRECTIVE ORHOSIS	1	\$ 80.00	\$ 80.00
NICE STRECTCH SPUNT	1	\$ 40.00	\$ 40.00
DAMAGED E OXYGEN TANK REGULARS	6	\$ 5.00	\$ 30.00
REHAB BRACE SHORT	1	\$ 150.00	\$ 150.00
GRIP MEDIANO DERECHA	1	\$ 50.00	\$ 50.00
CONTRACTURE MANAGEMENT	1	\$ 50.00	\$ 50.00
PLANTILLAS	25	\$ 3.00	\$ 75.00
FILTRO AIRE CONCENTRADOR INVACARE	2	\$ 5.00	\$ 10.00
FILTRO AIRE CONCENTRADOR INVACARE	2	\$ 5.00	\$ 10.00
MAGA MATRE DE AIRE	2	\$ 2.00	\$ 4.00
SET CANUAS Y CADENAS PARA GRUA PACIENTE	1	\$ 60.00	\$ 60.00
CORREAS PARA SILLAS DUEÑAS	2	\$ 15.00	\$ 30.00
JUNCTION BOX INVACARE	1	\$ 50.00	\$ 50.00
CONTROL DE CAMA POSICION	1	\$ 90.00	\$ 90.00
DYNAWALK SHOE-LARGE, MEDIUM, LARGE	4	\$ 60.00	\$ 240.00
PLANTILLAS EN CAJA 7 1/2 Y 9	4	\$ 10.00	\$ 40.00
LUMBO SACRAL SUPPORT	2	\$ 120.00	\$ 240.00
BACK SUPPORT WITH WEIGHTS SMALL-MEDIUM	2	\$ 83.00	\$ 166.00
ANKCLE SUPPORT MEDIUM	1	\$ 29.95	\$ 29.95
THORACOLUMBAR COMPRESSION BACK SUPPORT	4	\$ 80.00	\$ 320.00
KNEE CORRECTIVE ORTHOSIS S/M/L	12	\$ 80.00	\$ 960.00
SILLA RUEDAS USADAS SIN DESCANSAPLE	1	\$ 50.00	\$ 50.00
CONCENTRADOR OXIGENO INVACARE DANADO SIN CAPARAZON	1	\$ 30.00	\$ 30.00
BANDEJA DE IRRIGACION CON JERINGA DE BULBO	11	\$ 150.00	1650
BOMBAS ALIMENTACION ENTERAL	11	\$ 150.00	1650
EXTINTORES	3	\$ 75.00	225
SHACKS	48	\$ 14.95	717.6
REGULADORES PARA TANQUE O2	9	\$ 60.00	540
LLAVES DE TANQUE O2-E	5	\$ 2.95	14.75

MAQUINA DE GRAPAR INDUSTRIAL PEQ.	1	\$ 35.00	35
BLOOD PRESSURE MONITOR	1	\$ 20.00	20
NIPPLES CONECTORS E-O-2	35	\$ 0.50	17.5
LANCETAS EN PAQUETES	11	\$ 1.00	11
LANCETONES 2	2	\$ 4.50	9
ANALIZADOR DE O2	1	\$ 350.00	350
GLUCOMETROS EMBRACE	3	\$ 15.00	45
CAJAS DE LANCETAS 100	3	\$ 8.95	26.85
LANCIMG DEVICE	39	\$ 0.25	9.75
MONITOR FREESTYLE	1	\$ 8.95	8.95
FOAM PARA COGER CUSTOM MADE SHOES	4	\$ 15.00	60
RITZ STICK SHOES SIZE STICK	2	\$ 25.00	50

\$ 37,182.70

Fill in this information to identify the case:

Debtor name PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number (if known) _____

 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address ADVANCE MEDICAL PO BOX 11023 San Juan, PR 00910 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,017.37
3.2	Nonpriority creditor's name and mailing address BLANCO WHOLESALE PO BOX 194358 San Juan, PR 00919 Date(s) debt was incurred _____ Last 4 digits of account number 0353	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$251.53
3.3	Nonpriority creditor's name and mailing address BURGOS HOSPITAL SUPPLY, INC URB SANTA MONICA A-13 CALLE JERRY RIVAS DIAZ Bayamon, PR 00957 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$503.50
3.4	Nonpriority creditor's name and mailing address CARDINAL HEALTH PR PO BOX 366211 San Juan, PR 00936-6211 Date(s) debt was incurred _____ Last 4 digits of account number 1554	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,000.00
3.5	Nonpriority creditor's name and mailing address COOPERATIVA DE EQUIPO MEDICO DE PR URB COSTA ORO Dorado, PR 00646 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,036.34

Debtor	PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC Name	Case number (if known)
3.6	Nonpriority creditor's name and mailing address CORPORACION DEL FONDO DEL SEGURO DEL EST OFICINA REGIONAL DE HUMACAO PO BOX 9212 HUMACAO, PR 00792-9212 Date(s) debt was incurred <u>2019 UNTIL 2022</u> Last 4 digits of account number <u>0125</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address CRIM PO BOX 195387 SAN JUAN, PR 00919-5387 Date(s) debt was incurred <u>2013 UNTIL 2018</u> Last 4 digits of account number <u>1442</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address DE LAGE LANDEN FINANCIAL SERVICES, INC PO BOX 41602 Philadelphia, PA 19101-1602 Date(s) debt was incurred <u>_</u> Last 4 digits of account number <u>8647</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address DEPARTAMENTO DEL TRABAJO Y RECURSOS HUM PO BOX 195540 San Juan, PR 00919-5540 Date(s) debt was incurred <u>2013 UNTIL 2022</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address GREEN BOX CAPITAL 2200 BYSCAINE BLVD SUITE 200 Miami, FL 33137 Date(s) debt was incurred <u>3/2022</u> Last 4 digits of account number <u>9146</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address INTERNAL REVENUE SERVICES PO BOX 24017, STOP 76100 Fresno, CA 93779-4014 Date(s) debt was incurred <u>2019 UNTIL 2023</u> Last 4 digits of account number <u>1442</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>941 TAX</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address INTERSTATE ALL BATTERY CENTER 321 AVE. DE DIEGO San Juan, PR 00920-2214 Date(s) debt was incurred <u>_</u> Last 4 digits of account number <u>0507</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC Name	Case number (if known)	
3.13	Nonpriority creditor's name and mailing address IVAN BIRD Date(s) debt was incurred <u>JULY, AUGUST AND SEPTEMBER 2023</u> Last 4 digits of account number <u>RENT</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ARREARS RENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
3.14	Nonpriority creditor's name and mailing address LUMA DEPARTAMENTO DE QUIEBRAS PO BOX 363508 SAN JUAN, PR 00936-3508 Date(s) debt was incurred __ Last 4 digits of account number <u>1000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UTILITY DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$390.61
3.15	Nonpriority creditor's name and mailing address MUNICIPIO DE FAJARDO PO BOX 865 Fajardo, PR 00738 Date(s) debt was incurred __ Last 4 digits of account number <u>1442</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000.00
3.16	Nonpriority creditor's name and mailing address PUERTO RICO HOSPITAL SUPPLY, INC CALL BOX 158 Carolina, PR 00986-0158 Date(s) debt was incurred __ Last 4 digits of account number <u>8002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$431.31
3.17	Nonpriority creditor's name and mailing address RICOH PO BOX 71459 San Juan, PR 00936 Date(s) debt was incurred __ Last 4 digits of account number <u>5104</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.06
3.18	Nonpriority creditor's name and mailing address ROYAL MOTOR PO BOX 29908 San Juan, PR 00929-0908 Date(s) debt was incurred <u>Car surrendered on</u> Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,750.00
3.19	Nonpriority creditor's name and mailing address UNIVERSAL CARE CORP PO BOX 1051 Sabana Seca, PR 00952-1051 Date(s) debt was incurred __ Last 4 digits of account number <u>5001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: DEBT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,035.77

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Debtor	PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC Name	Case number (if known)	_____
Name and mailing address		On which line in Part 1 or Part 2 is the related creditor (if any) listed?	
4.1	INTERNAL REVENUE SERVICE P.O. BOX 7346 PHILADELPHIA, PA 19101-7346	Line <u>3.11</u>	-
		<input type="checkbox"/> Not listed. Explain _____	
4.2	LAW OFFICES OF SPRECHMAN & FISHER , PA 2775 SUNNY ISLES BOULEVARD SUITE 100 North Miami Beach, FL 33160-4007	Line <u>3.1</u>	-
		<input type="checkbox"/> Not listed. Explain _____	
4.3	LAW OFFICES OF SPRECHMAN & FISHER , PA 2775 SUNNY ISLES BOULEVARD SUITE 100 North Miami Beach, FL 33160-4007	Line <u>3.5</u>	-
		<input type="checkbox"/> Not listed. Explain _____	
4.4	LAW OFFICES OF SPRECHMAN & FISHER , PA 2775 SUNNY ISLES BOULEVARD SUITE 100 North Miami Beach, FL 33160-4007	Line <u>3.10</u>	-
		<input type="checkbox"/> Not listed. Explain _____	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****5a. Total claims from Part 1****5b. Total claims from Part 2****5c. Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b.	<u>+ \$ 105,554.60</u>
5c.	\$ <u>105,554.60</u>

Fill in this information to identify the case:

Debtor name PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

60

List the contract number of any government contract

PHOTOCOPIER
FINANCIAL SOLUTIONS
1111 OLD EAGLE SCHOOL ROAD
Wayne, PA 19087

Fill in this information to identify the case:

Debtor name PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number (if known) _____

Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ Zip Code _____		
2.2	_____	Street _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ Zip Code _____		
2.3	_____	Street _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ Zip Code _____		
2.4	_____	Street _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ Zip Code _____		

Fill in this information to identify the case:

Debtor name PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue

Check all that apply

Gross revenue

(before deductions and exclusions)

For prior year:

From 01/01/2022 to 12/31/2022

Operating a business

\$163,192.00

Other _____

For year before that:

From 01/01/2021 to 12/31/2021

Operating a business

\$143,087.00

Other _____

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source

(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer

Check all that apply

Debtor PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

Case number (if known) _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

None

Debtor PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

Case number (if known) _____

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	FRANCISCO J RAMOS & ASOCIADOS PO BOX 191993 SAN JUAN, PR 00919-1993		8/18/2023	\$1,250.00
	Email or website address fjramos@coqui.net			
	Who made the payment, if not debtor?			
11.2.	FRANCISCO J RAMOS & ASOCIADOS PO BOX 191993 SAN JUAN, PR 00919-1993		10/16/2023	\$338.00
	Email or website address			
	Who made the payment, if not debtor?			
11.3.	FRANCISCO J RAMOS & ASOCIADOS PO BOX 191993 SAN JUAN, PR 00919-1993		10/16/2023	\$1,250.00
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 3

Debtor PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

Case number (if known) _____

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	--

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

No.

Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---	------------------------------------	----------------------------------	---	---

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

Case number (if known) _____

 None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
---	--	-----------------------------	----------------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

 None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
---------------------------	-----------------------------------	-----------------------------	----------------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No. Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC..VS.MSO OF PUERTO RICO INC, COMPAÑIA DE FIANZAS X; COMPAÑIA ASEGURADORA Y SJ2020CV3201	TRIBUNAL DE PRIMERA INSTANCIA-SALA DE SA Oficina de Administraci?n de los Tribunales PO Box 190917	INCULPIMENTO DE CONTRATO Y DANOS Y PERJUICIOS; COBRO DE DINERO ORDINARIO; ENRIQUECIMINETO INJUSTO; ACCION REHIBITORIA DE PROPIEDAD; DANOS Y PERJUICIOS POR ARTICULO 1802	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
COSTELLATION HEALTH KAC-2016-0282-RECLAMACION 873-A	OFICINA DEL COMISIONADO DE SEGURO	Collection	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law? No. Yes. Provide details below.

Debtor PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

Case number (if known) _____

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Date of notice
-----------------------	-------------------------------------	--	----------------

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
------------------	----------------------------

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address	Date of service From-To
------------------	----------------------------

26b.1. AGUSTINA HERNANDEZ SANCHEZ
 VILLAS DEL PILAR
 Ceiba, PR 00735

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
------------------	--

26c.1. AGUSTINA HERNANDEZ SANCHEZ
 VILLAS DEL PILAR
 Ceiba, PR 00735

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

26d.1. AGUSTINA HERNANDEZ SANCHEZ
 VILLAS DEL PILAR
 Ceiba, PR 00735

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No
 Yes. Give the details about the two most recent inventories.

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 6

Debtor PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

Case number (if known) _____

27.1	Name of the person who supervised the taking of the inventory IRIS VALENTIN	Date of inventory MAY 31,2023	The dollar amount and basis (cost, market, or other basis) of each inventory
	Name and address of the person who has possession of inventory records PREMIUM MEDICAL		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No
 Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No
 Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No
 Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
--------------------------	--

Debtor PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 21, 2023

/s/ IRIS J VALENTIN NIEVES
Signature of individual signing on behalf of the debtor

IRIS J VALENTIN NIEVES
Printed name

Position or relationship to debtor PRESIDENT

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

**United States Bankruptcy Court
District of Puerto Rico, San Juan Division**

In re PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC Case No. _____
Debtor(s) Chapter 7 _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>2,500.00</u>
Prior to the filing of this statement I have received	\$ <u>2,500.00</u>
Balance Due	\$ <u>0.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

November 21, 2023
Date

/s/ FRANCISCO J RAMOS GONZALEZ
FRANCISCO J RAMOS GONZALEZ 203611
Signature of Attorney
FRANCISCO J RAMOS AND ASOCIADOS
PO BOX 191993
SAN JUAN, PR 00919
(787) 764-5134 Fax:
fjramos@coqui.net
Name of law firm

**United States Bankruptcy Court
District of Puerto Rico, San Juan Division**

In re PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

Debtor(s)

Case No.

Chapter 7

VERIFICATION OF CREDITOR MATRIX

I, the PRESIDENT of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: November 21, 2023

/s/ IRIS J VALENTIN NIEVES

IRIS J VALENTIN NIEVES/PRESIDENT
Signer/Title

ADVANCE MEDICAL
PO BOX 11023
San Juan, PR 00910

BLANCO WHOLESALE
PO BOX 194358
San Juan, PR 00919

BURGOS HOSPITAL SUPPLY, INC
URB SANTA MONICA
A-13 CALLE JERRY RIVAS DIAZ
Bayamon, PR 00957

CARDINAL HEALTH PR
PO BOX 366211
San Juan, PR 00936-6211

COOPERATIVA DE EQUIPO MEDICO DE PR
URB COSTA ORO
Dorado, PR 00646

CORPORACION DEL FONDO DEL SEGURO DEL EST
OFICINA REGIONAL DE HUMACAO PO BOX 9212
HUMACAO, PR 00792-9212

CRIM
PO BOX 195387
SAN JUAN, PR 00919-5387

DE LAGE LANDEN FINANCIAL SERVICES, INC
PO BOX 41602
Philadelphia, PA 19101-1602

DEPARTAMENTO DEL TRABAJO Y RECURSOS HUM
PO BOX 195540
San Juan, PR 00919-5540

FINANCIAL SOLUTIONS
1111 OLD EAGLE SCHOOL ROAD
Wayne, PA 19087

GREEN BOX CAPITAL
2200 BYSCAINE BLVD SUITE 200
Miami, FL 33137

INTERNAL REVENUE SERVICE
P.O. BOX 7346
PHILADELPHIA, PA 19101-7346

INTERNAL REVENUE SERVICES
PO BOX 24017, STOP 76100
Fresno, CA 93779-4014

INTERSTATE ALL BATTERY CENTER
321 AVE. DE DIEGO
San Juan, PR 00920-2214

IVAN BIRD

LAW OFFICES OF SPRECHMAN & FISHER , PA
2775 SUNNY ISLES BOULEVARD SUITE 100
North Miami Beach, FL 33160-4007

LAW OFFICES OF SPRECHMAN & FISHER , PA
2775 SUNNY ISLES BOULEVARD SUITE 100
North Miami Beach, FL 33160-4007

LAW OFFICES OF SPRECHMAN & FISHER , PA
2775 SUNNY ISLES BOULEVARD SUITE 100
North Miami Beach, FL 33160-4007

LUMA
DEPARTAMENTO DE QUIEBRAS PO BOX 363508
SAN JUAN, PR 00936-3508

MUNICIPIO DE FAJARDO
PO BOX 865
Fajardo, PR 00738

PUERTO RICO HOSPITAL SUPPLY, INC
CALL BOX 158
Carolina, PR 00986-0158

RICOH
PO BOX 71459
San Juan, PR 00936

ROYAL MOTOR
PO BOX 29908
San Juan, PR 00929-0908

UNIVERSAL CARE CORP
PO BOX 1051
Sabana Seca, PR 00952-1051

**United States Bankruptcy Court
District of Puerto Rico, San Juan Division**

In re PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC

Debtor(s)

Case No.

Chapter

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CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for PREMIUM MEDICAL SUPPLY AND EQUIPMENT INC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

November 21, 2023

Date

/s/ FRANCISCO J RAMOS GONZALEZ

FRANCISCO J RAMOS GONZALEZ 203611

Signature of Attorney or Litigant

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